MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7		6				
8		6				
9		6				
10		6				
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50						
TOTAL IND.	6					
TOTAL DEP.	48					
TOTAL CLAIMS	54					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
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TOTAL CLAIMS						